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CONFIRMATION NO. 4464

Bib Data Sheet

SERIAL NUMBER 09/777,631	FILING OR 371(c) DATE 02/06/2001 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 6683.26USC1
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/045,213 03/20/1998 PAT 6,224,631

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	MN	8	1	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

INTERVERTEBRAL IMPLANT WITH REDUCED CONTACT AREA AND METHOD

FILING FEE RECEIVED 2302	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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